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AUTHOR Neer, Michael R.; Warren, Clay
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ABSTRACT

A study examined the influence of a set of parental beliefs regarding teenage sexuality and the consequences of family discussion of sex on parents' communication with and the sex education of their children. Subjects, 40 parents ranging in age from 22 to 57 with two-thirds of the parents under the age of 40 were interviewed on a variety of topics related to family discussion of sex. The interviews focused on several open-ended questions to which parents responded freely; responses were recorded during the interviews on a checklist provided for each open-ended question; the checklists were used to prompt responses if parents could not provide sufficient information but only after they had completed their response to each question; the questionnaire then made several forced-choice statements assessing their sexual attitudes and their behavioral approach to sex education. The questionnaire concluded with 12 beliefs that parents identified as either true or false. Findings demonstrated that the beliefs tested influenced how parents talked with their children and also influenced the kind of information they were willing to share with their children. Findings were interpreted within the I. L. Reiss and J. Bernard conceptualizations of parents' perceptions of their role as sex educators. (Three tables of data are included, and 33 references are attached.) (RAE)

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THE INFLUENCE OF PARENTAL BELIEFS ON FAMILY SEX DISCUSSION AND EDUCATION

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Michael R. Neer

University of Missouri
at Kansas City

and

Clay Warren

University College of Cape Breton
Sydney, Nova Scotia, Canada

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ABSTRACT

Research in family sex education has examined both parents' communication style and their sexual values as mediators of teenage sexual behavior. This study examined the influence of a set of parental beliefs regarding teenage sexuality and the consequences of family discusion of sex on parents communication and sex education with children. Findings demonstrated that the beliefs tested influenced how parents talked with their children as well as influencing the kind of information they were willing to share with their children. Findings are interpreted within the Reiss and Bernard conceptualizations of parents' perceptions of their role as sex educators.

THE INFLUENCE OF PARENTAL BELIEFS ON FAMILY SEX DISCUSSION AND EDUCATION

Sex education research has recently focused increased attention on the influence of parental communication in mediating teenage sexual attitudes and behavior. Yet, research to date is equivocal regarding the impact of parents' communication. For instance, communication frequency has been examined in at least two studies, one of which shows that frequency of communication does not affect parents' ability to accurately estimate their children's sexual views (Thompson, Acock, & Clark, 1985). Another study assessing frequency, however, shows that accuracy of communication, although not affected by frequency, is influenced by parents' openness of communication (Jessop, 1981). Two studies examining teen use of family planning clinics only add to the equivocal nature of family impact. Schwab-Zabin and Clark (1983) found that teenage females were more likely to attend a clinic if their parents were not informed of their attendance. A second study (Furstenberg, Herceg-Brown, Shea, & Webb, 1984) also found that enrolling in a clinic did not significantly increase mother-daughter communication about sex, although it did increase overall communication in the home.

These findings indirectly support Rozema's (1986) finding that the majority of parents do not talk openly about sex, thus explaining why Rozema found that most children turn to peers for sexual information, nor do parents discuss sex in a supportive manner with their children. On the other hand, some studies do show that parents do talk about sex both supportively (non-evaluatively and non-judgmentally) and with specificity (of information exchange between parent and child). For instance, parents who discuss with their children the kinds of TV shows

they should view appears to reduce unwanted teenage pregnancy (Abrahams, Morrison, & Waite, 1985). While discussion of TV viewing alone does not function as an isolated factor contributing to children's sexual behavior, discussing sex within the context of children's immediate frame of experiences may pave the way for more specific discussion of sex. Neer and Warren (1988b) also report that parents who discuss supportively are more likely to provide their children with specific information on birth control and that children who perceive their parents as supportive communicators actually use contraception more frequently than children who perceive their parents as communicating non-supportively (Neer & Warren, 1988a). And, specificity of information regarding birth control coupled with perceived family cohesion (i.e., children perceiving close family ties with parents) also results in lower levels of premarital sexual experience (Fox, 1980).

Whether parental communication does or does not influence the sexual behavior of children may be better addressed by identifying those factors which influence how parents communicate. Thus, underlying parents' overt communication may lie a complex and interrelated set of values and beliefs about how to talk to children as well as what ought to be discussed with them. In other words, parents' own values and beliefs regarding sex (and sex discussion) may influence not only the communication methods they select but also the content or information they choose to communicate. Some parents, and especially mothers, since they carry the burden of sex discussion (see for example: Libby, Acock, & Payne; Hass, 1979; Warren & Neer, 1986) may choose not to talk and instead ignore their teenage children's sexual development if they feel they cannot prevent teenage sexual experimentation (Bernard, 1975) Other parents, however, may become less "permissive" in their

attitudes about teenage experimentation and take a more active role to decrease sexual activity (Reiss, 1973). The Bernard and Reiss conceptualizations of parents' role in the sex-education of their children presupposes a generalized belief about their ability to influence their children and to do so within the context of their own sexual values.

Several studies, in fact, show that parents' values do influence those of their children. Newcomer and Udry (1984), in their study of parents' communication found that a mother's own sexual behavior as a teenager better predicted the sexual behavior of her children than the communication she engaged. Shah and Zelnick (1981) demonstrate more directly the effects of parents' sexual attitudes on children's sexual attitudes. The researchers found that young adult women with sexual views similar to their parents reported lower levels of premarital sex. Shah and Zelnick also show the pervasiveness of parents' attitudes on children's; that is, children who engage in premarital sex against their parents' beliefs are also less likely to use contraception. The authors reason that they do so to deny they are in violation of their parents' attitudes.

Other research also reveals that parents' attitudes about sexuality influences children's sexual behavior. Sorenson (1973), for instance, reports that parents who stress the importance of children accepting their own sexuality increases contraception usage while Fox (1977) finds that emphasizing a non-traditional sex-role orientation with children also influences children's decision to use contraception. Jorgenson and Sonstegard (1984) more recently reported that daughters are more likely to use contraception when they believe their parents approved of their decision to do so while children's perception of parental sexual liberality also

correlates with their own sexual views (Shelley, 1981), and perceived similarity with parents' views results in lower levels of premarital intercourse (Jessor & Jessor, 1975; Fox, 1980).

In the Shelley study, the author questions whether perceived liberalness comes before or after parents engage their children in sex discussion; however, regardless when the perception takes shape is the fact that children do infer their parents to hold certain attitudes which in turn children use to anchor their own. Collectively, these studies suggest that much of parents' communication about sex may be indirect and implicit and tied to their ability to discuss a wide range of sex-related topics as well as communicate a variety of attitudes to their children. Thus, understanding of parents' communication and assessing its impact on teenage sexual behavior may be advanced by examining the beliefs and values that prompt parents to talk or not to talk with their children.

The present study therefore examined the influence of a set of parental beliefs on sex discussion and education with their children. While previous studies have investigated parents' attitudes and beliefs, few have specifically examined if sexual attitudes and beliefs also influence how parents actually engage their children in discussion. This study therefore tested the relationship between a set of parental beliefs and parents' communication behavior with children and, second, the study attempted to determine whether these beliefs influenced the content of parents' communication and their willingness to provide children with birth control information.

The rationale for examining both parental beliefs and communication methods and their influence on children's sexual behavior is based on

research which shows that children are more likely to accept their parents' values when they are communicated within a context of a mutually supportive relationship between parent and child. Gerson (1976), for instance, found that children were more likely to become promiscuous (i.e. engaging in sex at least once a week) when they perceived their parents as aggressive and threatening and as distant and hateful. Bennett and Dickinson (1980), in determining children's sources of sexual information found that lack of rapport between parent and child accounted in part for children relying upon peers for information.

The Test Measure

Parental beliefs were defined as a set of probabilistic statements regarding the need to talk and the expected outcome of talking about sex with children. The term belief was selected over attitude since the latter presumes a generalized evaluation, neither correct or incorrect, while the former implies a more concrete set of factual probabilities regarding sex discussion. Operationalism of the beliefs included a set of twelve beliefs. The beliefs have each been demonstrated not to be outcomes of sex discussion. While we do not claim each to be absolute falsehoods, review of the sex-education literature shows them to be improbable outcomes of family sex discussion. Table 1 reports the twelve beliefs along with representative research establishing the beliefs as general myths of family communication. All twelve beliefs in Table 1 are in fact stated the opposite of what current research has found to be generally true.

The twelve beliefs are organized into three broad categories: (1) sexual knowledge, (2) parents' perceived educational role, and (3) effects of sex discussion. Sexual knowledge tested parents' knowledge of

children's sexual behavior (see beliefs 2, 4, 6, and 10) relating to sexual maturity, sexual experience, and birth control. They were tested in order to determine whetner knowledge of children's sexual maturity and activity affected how parents communicated since understanding should make parents more confident in their ability to communicate openly.

Parents' educational role assessed parents' perception of their role in the sex-education of their children (see beliefs 3, 7, 8, 9, and 12). These beliefs focused on parents' willingness to discuss sex including their role in informing children, perception of their children's desire to discuss, and the sexual values that parents established in the home. We believed these to be influential beliefs since parents' communication will likely be influenced by their perception of whether they should talk. The third set of beliefs, effects of sex discussion, tested parents' perceptions of the impact of their communication with children (see beliefs 1, 5, and 11). These beliefs focused on the consequences that parents attached to discussion. We believe that parents, before communicating, weigh the consequences of talking and decide how to talk with their children.

METHOD

Respondents

Respondents were 40 parents ranging in age from 22 to 57 with tw0-thirds of the parents under the age of 40. The sample consisted of 37 mothers and three fathers who were selected on a volunteer basis as part of a larger study involving 100 college-aged students who agreed to have their parents interviewed confidentially. Data were collected over a one-year period between 1986 and 1987. Despite the limited sample size, demographic

analysis indicated that the parents represented a wide range of income, educational, and religious groups. Demographic data did not yield cell sizes large enough to test main effects; however, an almost equal number of parents were evenly distributed across the range levels of income, educational level, and religious preferences with no fewer than five nor more than seven per cell. Age of parent was tested as a possible mediator of parental communication behavior. We examined age on the premise that younger parents, having experienced adolescence at a time of shifting American sexual values, may in fact communicate differently than parents whose adolescent experience may be traced prior to the mid 1960's. Thus, parent age was dichotomized at age 40 with none of the parents within nine years of the sample split.

Data Collection

Parents were interviewed on a variety of topics related to family discussion of sex. The interviews focused on several open-ended questions to which parents responded freely, including the following: (1) circumstances prompting discussion, (2) parents' perception of how their children approached them to discuss sex, (3) how parents actually communicated during discussion, and (4) opinions that parents expressed during discussion.

Responses were recorded during the interviews on a checklist provided for each open-ended question. The checklist was formulated after a dozen trial interviews were performed and updated as additional information from parents became available. The checklists also were used to prompt responses if parents could not provide sufficient information but only after they had completed their response to each question.

Parents also completed a questionnaire which consisted of several

forced-choice statements assessing their sexual attitudes and their behavioral approach to sex education. The questionnaire concluded with the twelve beliefs that parents identified as either true or false.

Instrumentation

Checklists for the interview questions included several response categories. Circumstances prompting discussion was included since the trial interviews indicated that one of the difficulties expressed by parents was not knowing how to initiate discussion, while other parents did so through the following methods (i.e., when they've heard something on TV related to sex, when discussing the kinds of movies to see, when parents learn of a teenager who became pregnant, and whenever they or their children felt like talking).

Several parents also reported that their children experienced difficulty approaching them. Thus, parents' perception of their children's initiation patterns were also sought. Our decision to test children's initiation methods is based on a dyadic effect which should result when the lines of communication have been openly established; that is, communication by parents should encourage children to also communicate.

As important as the initiation patterns that parents use to approach their children, is the actual communication they engage during discussion. Parents were therefore asked to report those techniques they used during discussion. The trial interviewsgenerated six primary techniques which several of the parents were able to use that also emerged with remaining interviews (i.e., letting children do most of the talking, disagreeing with children's point of view, accepting children's point of view, open and honest disclosure with children, telling children only what parents wanted

them to hear, and telling children what parents thought their children wanted to hear).

Preceeding measures focus on communication style or method. Opinions expressed by parents were therefore tested as a communication content variable, since effective discussion in the long run also needs to reach a level of specificity of information exchange between parent and child (Warren & Neer, 1982). While several opinions were infrequently reported in the trial interviews, the following were most often referenced (i.e., children should not have sex until married, importance of respecting one's own and another's body, how to avoid sex and not lose a boyfriend or girlfriend, normal to feel shy with members of the opposite sex, and parents telling children how they felt about sex as youngsters).

The questionnaire included two sets of measures. First, parental attitudes toward premarital sex and contraception were tested on 5-point Likert-like scales anchored form "strongly agree" to "strongly disagree" (i.e., sex should be discussed openly between dating partners, females should assume the primary responsibility for birth control, contraception should be discussed prior to having sex, and sex should only be between people in love). The second questionnaire item included measures on parents' willingness to educate their children about birth control and prescribe contraception for them.

Since research has previously tested communication frequency and supportive communication as mediators of sexual behavior of young adults, they were each correlated with the sexual beliefs tested in this study. Frequency consisted of three 5-point Likert-like statements (e.g., sex was frequently discussed in our family and I often talked to my children about

sex) which were summed and treated as a composite (Cronbach's alpha = .91). Supportiveness consisted on nine similarly measured items which have been found to be a reliable measure (Alpha = .80 to .86) in three previous studies (The authors, 1986, 1988a,1988b). The reliability estimate in this study was .83. We tested these communication measures in order to determine whether belief-acceptance would affect parents' frequency and supportiveness of communication [1]

Data Analysis:

Interview data were analyzed with chi-square tests with the twelve beliefs and parent age treated as dichotomous variables. Attitudinal responses were analyzed with multivariate analysis of variance (MANOVA) while the three family measures (i.e., frequency, supportiveness, and belief-acceptance) were correlated to determine their degree of association. The belief scale was correlated by summing the twelve items and defining it as a belief-composite variable (alpha = .71) Multiple regression also was attempted with the attitudinal measures to determine which of the three measures best predicted parental attitudes.

RESULTS

Overall frequency data revealed that four of the beliefs (see 2, 3, 7, and 8) were accepted by 70 percent of parents. Another five beliefs were accepted by one-third of the parents (see 1, 4, 5, 10, and 11) while one-third of parents correctly identified three of the beliefs as false (see 6, 9, and 12). Frequency analysis indicates that parents are equivocal regarding their role in discussing sex within the home and

are often uncertain of the effects of their discussion on children's sexual learning and behavior, thus confirming in part the Bernard (1975) hypothesis that parents believe they are unable to influence the sexual development of their children.

Before reporting results for sexual beliefs, findings for parent age will first be reported. While findings do show that younger parents are perhaps more open in their sexual views regarding discussion and are more likely to engage their children in discussion, these results are supported by only a few findings of significance. For instance, parents under 40 were more likely to reject the virginity code ($X^2 = 8.04$, 1df, $p = .01$) and the belief that the pill promotes sexual activity ($X^2 = 4.41$, $p = .04$). That is, younger parents were almost twice as likely to reject these beliefs (i.e., 57 percent) as compared to older parents (i.e., 29 percent). Age of parent approached significance with only three other measures (i.e., less likely to tell their children only what they wanted to hear, more likely to purchase contraceptive devices for daughters, and more willing to inform their daughters about various birth control methods), all of which were significant at the .06 level with 54 percent of younger parents and 32 percent of older parents engaging these behaviors.

Initiation Patterns

Four of the beliefs influenced how parents initiated discussion, three of which were associated with sexual activity,with one prompter (i.e., whenever I feel like discussing) yielding significance with all four beliefs.

Table 2

These results indicate that parents rejecting the sexual activity beliefs were more likely to communicate with greater spontaneity than parents accepting the beliefs. And, parents rejecting the belief that it is easier to talk with daughters also were more likely to discuss whenever they wished.

Despite the failure of the beliefs, collectively, to yield significance with a larger number of prompters, one myth in particular yielded significance with several prompters. Findings showed that parents who believe it easier to talk with daughters stated they were less likely to: (1) tell them about someone they knew or heard of who became pregnant ($X^2 = 2.48$, $p = .09$; Accepting = 45%, Rejecting = 66%) and (2) initiate discussion after hearing a sexual reference on television ($X^2 = 4.59$, $p = .03$; Accepting = 38%, Rejecting = 79%).

When asked to describe how their children approached them, parents observed three primary methods when they believed that exposure to information increases teenage sexual activity. That is, parents accepting the belief were more likely to report that their children beat around the bush ($X^2 = 10.15$, $p = .01$), that they would begin by discussing something other than sex ($X^2 = 9.54$, $p = .01$), and that they would wait until approached by their parents before discussing ($X^2 = 9.57$, $p = .01$). In all three cases, two-thirds of parents accepting the belief reported these methods while less than 20 percent of parents rejecting the belief did so.

Communication Methods

Parents were next asked to describe how they actually communicated

after initiating discussion. Findings consistently demonstrated that parents' communication was both closed (e.g., disagreeing with children and less open with them) and superficial (e.g., telling children only what parents wanted them to hear). For instance, parents accepting the virginity code were more likely to disagree with their children's point of view (X^2 = 3.39, = .07) and less likely to engage them in open and honest discussion (X^2 = 3.39, p = .07). Although only approaching significance, only one-quarter of parents accepting the virginity code could agree or be honestwhile half of parents not accepting the code could do so. Furthermore, parents believing that females become pregnant within six months let their children do most of the talking (X^2 = 4.11, p = .04; Accepting = 33%, Rejecting = 64) and also only told them what they wanted them to hear (X^2 = 3.37, p = .07; Accepting = 40%, Rejecting = 64). The third belief associated with pregnancy -- the pill increases sexual activity -- also impacted on similar measures. That is, parents believing the pill increases activity were more likely to disagree with their children's point of view (X^2 = 3.41, p = .06; Accepting = 50%, Rejecting = 75%) as well as only telling their children what they wanted them to hear (X^2 = 4.27, p = .04; Accepting = 36%, Rejecting = 11%).

Opinion Expression

Opinion measures yielded several significant findings. Two beliefs, in particular, accounted for most findings. Parents accepting the virginity code were twice as likely to tell their children not to have sex until married (X^2 = 5.78, p = .02; Accepting = 78%, Rejecting = 40%). On the other hand, parents not believing that information increases activity were more likely to stress the importance of respecting one's own body

(X^2 = 8.27, p = .01) as well as respecting another's body (X^2 5.36, p = .02). These same parents also were more likely to tell their children how they felt about sex as youngsters (X^2 = 3.52, p = .06). In all but the last case, 90 percent of parents rejecting the belief were able to express these opinions as compared to less than 50 percent of parents who accepted the belief.

Parental Attitudes

Few of the beliefs influenced parental attitudes. Accepting the virginity code (Wilks = .72, F = 2.68, p = .05) resulted in univariate significance with one of four attitudes tested: parents accepting the code believed that sex should not be discussed openly and honestly by a young couple (F = 6.02, df = 1/32, p = .02; Accepting = 9.92, Rejecting = 4.60). Also, parents believing that information increases sexual activity rated having sex with only people one loves higher than parents rejecting the belief (F = 6.44, df = 1/32, p = .02; Accepting = 4.72, Rejecting = 4.00) [MANOVA: Wilks = .73, F = 2.62, p = .05)]. None of the remaining beliefs yielded MANOVA significance with the attitude set, although univariate significance was observed between select beliefs and attitudes[2]

Comparison of Family Measures

The summed belief scale (alpha = .71) was correlated with communication frequency and supportiveness. Correlation with these measures shows that sexual beliefs do not influence frequency of communication (r = .04) althouth the beliefs did approach significance with supportiveness (r = .28, p = .08); that is, parents rejecting the beliefs communicated more supportively with their children.

All three measures were next regressed with attitude measures; however

only supportiveness yielded significance with open discussion among dating partners (R^2 = .31, F = 3.95, p = .01) and engaging in sex only when in love (R^2 = .22, F = 2.49, p = .06). On the basis of these findings, belief-rejection appears to influence supportiveness which in turn influences parental sexual attitudes.

Sex Education Practices

The first measure examined whether sexual beliefs affected parents general discussion of birth control with children. Findings demonstrated that parents more often discussed contraception when they did not believe that stressing the virginity code guardes against unwanted pregnancy (X^2 4.44, p = .04) and when the "male at 15" myth was rejected (X^2 = 5.84, p = .02). In both cases, less than 25 percent of parents rejecting the beliefs failed to discuss birth control while two-thirds accepting the belief failed to do so. And finally, contraception was discussed twice as often when parents did not believe that information increases sexual activity (X^2 = 5.24, p = .02; Accepting = 42%, Rejecting = 80%).

Contraception prescription also was influenced by several of the beliefs (See Table 3). As Table 3 demonstrates, parents were more likely to state their willingness to purchase contraception for daughters when they did not believe that prescribing the pill or talking about sex increases sexual activity. Also, rejecting both the "male at 15" belief and the "pregnant within six months" belief also increased willingness to prescribe contraception. Similar results also were observed with educating daughters about various methods of birth control when the "talking increases activity" belief was rejected and the "pregnant within six months" belief was accepted.

When asked whether they would purchase contraception for sons, parents said they would be more likely to do so when believing that teenagers do become pregnant within six months after becoming sexually active (X^2 = 5.99, p = .01) and when believing a male at 15 is as sexually aroused as he will ever be (X^2 = 4.70, p = .03). Nearly 90 percent of these parents were willing to provide contraception as compared to approximately 60 percent of parents who rejecteed each belief.

DISCUSSION

Findings in this study indicate that parents' sexual beliefs impact on their discussion of sex and the type of birth controleducation they provide their children. The most important finding to emerge inthis study is that several of the beliefs impacted differently on parents' perceptions of their sex discussion and education.

Before addressing the impact of specific beliefs, their overall influence will first be briefly noted. Collectively, belief acceptance results in two parental behaviors which we label as a protective and a reactive effect. A protective effect can be seen with several findings. For instance, parents are more likely to provide birth control information and contraception when believing that males reach their peak at 15 or when teenage girls become pregnant within six months after becoming sexually active. A reactive effect, similar to safeguarding children aginst pregnancy, yet resulting inmore assertive behavior can be seen with parents who disagree with their children's point of view when accepting the virginity code.

On the other hand, belief rejection results in more direct and open communication, birth control information and instruction, as well the transmission of more positive sexual values (e.g., respect of one's own and another's body). While it may be argued that these parents are more open because they are unconcerned about their children's sexual experimentation (or simply believe that it will not happen), the opposite also may be argued. That is, these parents may be unconcerned because of confidence in their ability to influence their children through supportive communication. Thus, supportive parents may be no more liberal than non-supportive parents, but instead have normalized sex discussion within the family's communication agenda.

These conclusions warrant the additional conclusion that what parents believe influences how they communicate, and how they communicate also influences how their children communicate with them. That is, children are perceived as indirect with parents when they perceive their parents as doing the same. Thus, while previous research has not found that communication consistently impacts upon teenage sexual behavior, results reported here demonstrate that parents' beliefs mediate how they communicate and what they communicate to children. Additional evidence of the influence of the beliefs comes from the finding that belief rejection also leads to more supportive communication by parents.

With these general conclusions in mind, we briefly note the impact of select beliefs on family sex discussion and education. Stressing the virginity code clearly represents a repressive belief on the part of parents to influence the sexual learning of children, first through avoidance of communication and, second, through suppression of information about birth control.

Nowhere in our findings do we find any evidence that the virginity code is stressed as a means of addressing children's sexuality. Believing that is is easier to talk with daughters than sons, rather than increasing communication, results in avoidance as evidenced through failure to disclose much specific information and believing that children are too interested in sex. Thus, while parents perceive an immediate need to talk, they also appear fearful that they may pave the way for their children to become even more interested in sex once they start talking.

Believing that the pill increases sexual activity and that teenagers become pregnant within six months after becoming sexually active each impact similarly on parents' avoidance of open communication. Instead, these parents prefer their children come to them before discussing sex. In this instance, we believe they do so not to establish mutual dialogue but to avoid communication. Further support for use of this communication strategy as insurance for not having to talk comes from the finding that parents also let their children do most of the talking. And finally, the information increases interest and activity beliefs indicate that parents, once again, engage in avoidance patterns in order to forestall having to talk about sex, which they believe will only lead to increased sexual experimentation.

Collectively, the beliefs tested in this study help to contextualize the Bernard and Reiss theoretical formulations of how parents view their role as sex educators. Specifically, parents with less permissive attitudes toward their children's sexual experimentation may take an active role to decrease sexual activity by deploying methods they believe will deactivate sexual interest (e.g., letting their children come to them and only telling their

children what they want them to hear) rather than communicating openly and directly so as to promote sexual mores and responsible sexual behavior. Furthermore, parents believing they cannot prevent teenage experimentation may select more repressive methods (e.g., disagreeing with their children's views) as a last resort to defuse experimentation they believe will occur regardless whether they communicate supportively or non-supportively.

Although this study did not directly test the Bernard and Reiss posiotions, several of the beliefs do provide indirect tests (e.g., the virginity code and the sexual activity and pregnanct beliefs) and it is with these beliefs we often find parents avoiding open communication or resorting to closed and suppressive communication. Unfortunately, rather than suppressing sexual experimentation these communication methods may actually heighten activity as well as promote non-responsible activity through failure to use contraception. For instance, as one of our previous studies indicates (The authors, 1988a), children who perceive their parents communicating non-supportively engage in sexual intercourse with more partners and do so using contraception only half the time or less.

Rozema's (1986) recent study of family communication climate concludes with the recommendation that if parents are defensive when discussing sex, communication training programs may be designed to help them become more supportive communicators. While we endorse such a recommendation, we further believe that training alone may prove insufficient unless factors promoting parents' non-supportiveness are also addressed. Defensiveness may in part be caused by lack of supportive communication skills; however, closed and suppressive communication also may be fueled by parents' desire and motivation to communicate supportively, regardless their ability to

be supportive especially if believing that by being supportive they will increase sexualinterest and experimentation. One of the motivating factors influencing the development of open and supportive discussion appears to be the beliefs we have addressed. If, in fact, beliefs impede communication, then educational programs may need to be designed to deanchor such obstacles to sex education in the home which we believe to be one potential solution to what current statistics demonstrate is a national epidemic of unwanted teenage pregnancy.

Footnotes

[1]The nine-item supportive communication scale consists of items representative of Gibb's (1961) six categories of supportive versus defensive communication (e.g., I am open-minded to things my children say about sex, I tried to get my children to open up and talk about what was most important to them, I accepted their point of view when we discussed sex, I did not judge my children through my own sexual standards, and I trust my children's judgment about matters related to sex).

[2]These results will not be statistically reported because of their failure to generate significant MANOVA tests with the four-item attitudinal set. However, these findings are, nonetheless, noteworthy and may be relevant to other research. These findings show that parents believing: (1) teenagers become pregnant within six months after becoming sexually active should not bear the sole responsibility for birth control, (2) the pill increases sexual activity also believe sex should only be engaged between people in love, and (3) that 16 to be the ideal age to talk do not believe that contraception should be discussed prior to intercourse.

Table 1

Parents' Beliefs about Teenage Sex

1. A family that stresses the virginity code helps the daughter avoid an unintended pregnancy (Jones, Forrest, Goldman, Henshaw, Lincoln, Rosoff, Westoff, & Wolf, 1986)
2. When sexually active teenage girls begin to take the pill, they tend to have sex with more people (see above reference)
3. Children would rather talk about sex with their friends than with their parents (Donahue, 1987)
4. A male at 15 is less sexually "turned on" than he will be at a more mature age such as 21 (Walster & Walster, 1980)
5. Exposing children to information about sex increases adolescent premarital sex (Kirby, 1984)
6. Sixteen is the ideal age for parents to talk to their children about sex (Warren & Neer, 1986)
7. It is easier for a girl than for a boy to talk about sex with parents (Lewis & Lewis, 1982)
8. A child's real sexual learning and consolidation of sexual identify can best take place away from home (Shelley, 1981)
9. Nowadays, children as a whole get most of their sex information from parents (Dickinson, 1978)
10. Most teenage girls who experience an unwanted pregnancy tend not to do so within the first six months after becoming sexuall active (Koenig & Zelnick, 1982)
11. The less parents talk about sex, the less interested their children will be in sex (Williams, 1987)

Table 1 (continued)

12. Children would rather talk with their mothers than their fathers about sex (Inman, 1974)

Table 2

Effects of Parental Beliefs on Discussing Sex Whenver Parents Wish

BELIEF SOURCE	N	Percentage Differences Discussing	Not Discussing
Pregnant in Six Months:			
Accept	23	67	33
Reject	14	100	0
	(X^2 = 5.25, 1df, p = .02)		
Information Increases Sexual Activity:			
Accept	11	54	46
Reject	28	89	11
	(X^2 = 4.32, 1df, p = .04)		
Information Increases Sexual Interest:			
Accept	11	66	34
Reject	25	100	0
	(X^2 = 4.52, 1df, p = .04)		
Easier to Talk with Daughters:			
Accept	20	65	35
Reject	14	100	0
	(X^2 = 6.15, 1df, p = .01)		

Table 3

Effects of Parental Beliefs on Purchasing Contraception for Daughters

BELIEF SOURCE	N	Percent Willing to Purchase Yes	No
Male at 15:			
Accept	25	60	40
Reject	12	91	9
		(X^2 = 3.89, 1df, p = .05)	
Pill Increases Sex:			
Accept	22	60	40
Reject	15	85	15
		(X^2 = 3.24, 1df, p = .07)	
Information Increases Sexual Activity:			
Accept	11	45	55
Reject	28	75	25
		(X^2 = 4.06, 1df, p = .04)	
Pregnant in Six Months:			
Accept	14	50	50
Reject	23	85	15
		(X^2 = 4.42, 1df, p = .04)	

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